

NY 09 2014

K133565
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Dokumentnamn/Name of document

Traditional 510(k)

Uttärdare/Issuer Matilda Forsberg	Ref nr/Dok nr/Ref no/Doc no --	Utgåva /Edition --
Avser/Regarding Leksell Gamma Knife Perfexion		Directory --

Section 4- 510(k) Summary

As Required by 21 CFR 807.92(c) 510 (k) Summary

1. Subscribers Name & Address

Elekta Instrument AB
 Kungstensgatan 18, P.O. Box 7593
 SE-103 93 Stockholm, Sweden
 Tel: (011) 46 8 587 254 00
 Fax: (011) 46 8 587 255 00
 Official Correspondent: Ms Louise Wachtmeister

Date summary prepared: 2013-11-14

2. Trade Name

Leksell Gamma Knife® Perfexion™

3. Device Classification

Common Name	Product Code	Class	Regulation Number
Leksell Gamma Knife® Perfexion™	IWB	II	21 CFR 892.5750

4. Predicate Device Identification

Legally marketed devices to which equivalence is being claimed Leksell Gamma Knife® Perfexion™	510(k) # K120811
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5. Other relevant submissions

Devices	510(k) #
Leksell Stereotactic System	K080355
Leksell GammaPlan® PFX	K103093

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6. Device Description

Leksell Gamma Knife Perfexion is a radiosurgery system for use in the stereotactic irradiation of intra-cranial structures. Surgery is achieved by delivering a prescribed dose as one or more shots of ionizing radiation to the exact site of the target.

Based on preoperative radiological examinations, the Leksell Gamma Knife Perfexion unit provides highly accurate external irradiation of intra-cranial structures using collimated beams of ionizing radiation.

Each unit contains 192 sealed sources of Cobalt 60.

Leksell Gamma Knife Perfexion systems consists of several units, physically separated in an Office side in the control room and a Medical side in the treatment room.

- The medical side consists basically of the radiation unit with a patient positioning system. The system control and power units are placed inside the cover of the radiation unit.
- The office side consists of the operator console with control panel and office computer.

7. Intended Use

Leksell Gamma Knife® Perfexion™ is a teletherapy device intended for stereotactic irradiation of head structures ranging from very small target sizes of a few millimeters to several centimeters. Indications include but are not limited to; metastatic tumors, arteriovenous malformations, trigeminal neuralgia, essential tremor, meningiomas, vestibular schwannomas, pituitary adenomas and glioblastoma.

8. Nonclinical testing

Non-clincal testing was not required to support substantial equivalence with the predicate device. The fundamental technical characteristics are the same to those of the predicate device.

A risk analysis review was performed to check the impact from the new intended use. The investigation resulted in no changes to any assessments regarding the safety of the Leksell Gamma Knife® Perfexion. The conclusion was that the Leksell Gamma Knife® Perfexion is as safe and as effective as its predicate for the new indications.

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9. Summary of clinical tests

A clinical literature review was conducted to demonstrate that the Leksell Gamma Knife® Perfexion is safe and effective for the new indications added to the intended use. Reports have been approved by physicians regarding clinical relevance, based on experience of previous models of the system.

The scientific advisors found extensive scientific publications supporting the safety and efficacy of using Leksell Gamma Knife Perfexion for the added indications (essential tremor, pituitary and glioblastoma).

10. Substantial Equivalence

The functionality for the Leksell Gamma Knife Perfexion is equivalent to its predicate device K120811 in safety and effectiveness and the fundamental technical characteristics are the same to those of the predicate device.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
10903 New Hampshire Avenue
Document Control Center - WO66-G609
Silver Spring, MD 20993-0002

May 9, 2014

Elekta Instrument AB
% Ms. Matilda Forsberg
Regulatory Affairs Engineer
Kungstensgatan 18
SE-103 93 Stockholm
SWEDEN

Re: K133565

Trade/Device Name: Leksell Gamma Knife® Perfexion™
Regulation Number: 21 CFR 892.5750
Regulation Name: Radionuclide radiation therapy system
Regulatory Class: II
Product Code: IWB
Dated: April 16, 2014
Received: April 28, 2014

Dear Ms. Forsberg:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

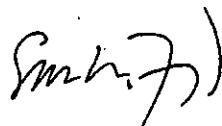
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

Page 2—Ms. Forsberg

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Division of Industry and Consumer Education at its toll-free number (800) 638 2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Industry and Consumer Education at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,



for

Janine M. Morris
Director
Division of Radiological Health
Office of In Vitro Diagnostics
and Radiological Health
Center for Devices and Radiological Health

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Indications for Use

Form Approved: OMB No. 0910-0120

Expiration Date: December 31, 2013

See PRA Statement on last page.

510(k) Number (*if known*)

K133565

Device Name

Leksell Gamma Knife Perfexion

Indications for Use (Describe)

Leksell Gamma Knife® Perfexion™ is a teletherapy device intended for stereotactic irradiation of head structures ranging from very small target sizes of a few millimeters to several centimeters e.g. metastatic tumors, arteriovenous malformations, trigeminal neuralgia, medically refractory essential tremor, meningiomas, vestibular schwannomas, post-surgical pituitary adenomas and recurrent glioblastomas.

Type of Use (*Select one or both, as applicable*)

Prescription Use (Part 21 CFR 801 Subpart D)

Over-The-Counter Use (21 CFR 807 Subpart C)

PLEASE DO NOT WRITE BELOW THIS LINE – CONTINUE ON A SEPARATE PAGE IF NEEDED.

FOR FDA USE ONLY

Concurrence of Center for Devices and Radiological Health (CDRH) (*Signature*)

(Smt. J.)

This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.

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